


GUIDE to HFA Site Profile Report - 2017



The Site Profile Report (formerly the Site Survey) informs HFA's quality assurance and national efforts, helping national and regional HFA staff understand and respond to the needs of the network, and promote HFA with a national voice. We appreciate the time you spend to provide this information!

General Instructions: The items are listed here as a resource; please DO NOT report your data on this document. Enter all data in HFAST.

- Log in to HFAST at <https://www.hfast.org> and select *Site Profile Report* under the Site tab. If you're logging onto HFAST for the first time, see the [Quick Start Guide](#). For other HFAST questions, see the [HFAST FAQ doc](#).
- Click the tabs at the top to move between sections. For each tab, in the row labeled 2017, click [Edit](#). Enter your information and remember to click **UPDATE** at the bottom of each page to save your information. You may have to scroll down to see the **Update** button.
- **Family Data** is requested for **families served in 2016** (fiscal or calendar year).
- Other sections are **pre-populated with your responses from the previous report** to save you time! PLEASE REVIEW this information carefully, make any changes needed, and when finished, **check the box at the bottom of each page:**
 I have reviewed the information above, and confirm it is accurate to the best of my knowledge.
- New or revised items this year include:
 - Site Info Tab: Languages services are offered in; Evaluation; Domestic violence screening tool list;
 - Family Data Tab: Number of staff and FTEs; Full-time definition; Prenatally enrolled families; Participant age categories;
 - Financial Tab: Separate items for Medicaid and IDEA (2016 data is combined under Medicaid).
- CLICK "Update" at the bottom of each page to **SAVE YOUR DATA FREQUENTLY.** 
- Remember to check the Confirmation Box at the bottom of each page to indicate that you have reviewed your information.
- A new report to help you review your Family Data is now available – click "View Report" after completing your Family Data. [Click here for a guide](#) to this report, or find it on our Network Resources page at www.healthyfamiliesamerica.org, password: 25yearsofHFA!
- You can view, but not edit, your responses to the 2016 Site Profile in HFAST. Note that Family Data in the 2016 Site Profile reflects 2015, however, may be labeled incorrectly as 2016 in some items.

Please complete the survey in HFAST by September 7, 2017.
Need help? Contact Jennifer Baxter – jbaxter@preventchildabuse.org or 317-969-5915

Thank you for your assistance with this important requirement!

SECTION 1: Site Characteristics - Year 2017	Instructions & Response Choices
--	--

*Item	Site Characteristics	
A1	HFA Affiliation Date	<i>Enter the month/date/year your site became affiliated with HFA, if known.</i>
A2	Additional information	<i>If date is unknown, enter year and any additional information here</i>
A3	Number of times site has completed accreditation	<i>Enter a number; enter "0" if not yet accredited</i>
A4	Comments	<i>Optional - if unknown, enter other information about accreditation status here</i>
A5	Home Visit Eligibility determined by:	<i>Select the option that best describes your site:</i> Positive assessment Positive screen Universal Other
A6	Other Home Visit Eligibility	<i>Specify other eligibility process</i>
A7	Target Population	<i>Select one option here; note more detailed eligibility questions below.</i> first births all births other (specify in next item)
A8	Other Target Population specify	<i>Specify other</i>
A9	Family Enrollment Point (check all that apply):	prenatal at birth (within 3 months) other (specify in next item)
A10	Other Enrollment Point Specify	<i>Specify other</i>
A11	Eligibility Criteria (check all that apply):	young parents (such as teens or early 20's) live in a specific community low income (such as WIC, Medicaid, or TANF eligible) served by specific hospital or organization other (specify in next item)
A12	Other Eligibility Criteria Specify:	<i>Specify other</i>
A13	Data Management System	<i>Select one option:</i> FamilyWise ETO HFMIS (SUNY) PIMS Custom-built Other None

* Item numbers are for convenience if you have a question; they do not appear in HFAST.

A14	What assessment tool do you use?	<i>Note: this item refers to initial assessment tools used for eligibility or service planning after enrollment.</i> Parent Survey/Family Stress Checklist Other Tool
A15	Other Assessment Tool Specify	
A16	Languages in which services are offered (check all that apply)	English Spanish Other (Specify in next item) <i>Note: Item revised to accept multiple responses</i>
A17	Other Languages Specify	<i>If services are offered in a language not listed or in multiple languages, specify that here.</i>
A18	Site involved in any formal evaluation now or in the past 2 years?	Select Yes or No <i>Note: This item and next replace the evaluation section on previous survey</i>
A19	If YES, provide email for evaluator	<i>Enter the email address for your main contact person on the evaluation team.</i>
	Service Area	
A20	Service Area	<i>Select one that best fits your site:</i> Single County Multi-County Single City Multi-City Neighborhood Other
A21	Describe other type of Service Area	<i>If you chose "other" in the item above, please describe other service area.</i>
A22	Add Service Area Zip Codes	<i>Click "Add Service Zipcode" and enter a 5-digit zip code, then click "Update". Repeat for additional zip codes</i>
A23	Community Served	<i>Check all that apply:</i> Urban Suburban Rural Tribal Other
A24	Other Community Type	<i>If you selected "other" in the item above, please describe community type.</i>
A25	Developmental Screens	<i>Check all that apply</i>
	ASQ3	Ages & Stages Questionnaire - Third Edition
	ASQSE	Ages & Stages Questionnaire - Social Emotional
	DECAIT	Devereux Early Childhood Assessment- Infants & Toddlers
	DDST	Denver Developmental Screening Test II
	R_DPDQ	Revised Denver Pre Screening Developmental Questionnaire
	Other Developmental Tool	<i>Fill in name of any other developmental tool your program uses not previously listed</i>

A26	Maternal Depression Screen	<i>Check all the maternal depression screens your program uses with families.</i>
	None - we don't screen for depression	Check this choice if you do not screen for depression
	BDI	Beck Depression Inventory
	BSI	Brief Symptom Inventory
	CESD	Center for Epidemiological Studies - Depression Scale
	PDSS	Postnatal Depression Screening Scale
	EPDS	Edinburgh Post-natal Depression Scale
	LSP	Life Skills Progression
	MIHA	Maternal and Infant Health Assessment
	PHQ (any version)	Patient Health Questionnaire (any version)
	Other Maternal Depression screen	<i>write in name of screen or describe</i>
A27	Domestic Violence Screens	<i>Check all the domestic violence screening tools your program uses with families.</i>
	None - we don't screen for DV	Check this choice if you do not screen for domestic violence
	Abuse Within Intimate Relationships	
	Abusive Behavior Inventory	
	Composite Abuse Scale	
	Harassment in Abusive Relationship	
	Partner Abuse	
	Physical Abuse of Partner	
	Sexual Experience Survey	
	RAT/WEB - Relationship Assessment Tool / Womens Experience of Battering developed by Futures Without Violence	Relationship Assessment Tool (RAT) or the Womens' Experience of Battering (WEB)
	HITS - Hurt, Insult, Threaten, Scream	
	HARK/HARK C	<i>HARK stands for Humiliation, Afraid, Rape, Kick</i>
	DOVE Abuse Assessment Screen	
	Other Domestic Violence screen	<i>Write in name of screen if not listed above</i>
A28	Other Assessment Tools	<i>Check all other assessment tools.</i>
	None - we don't use any other assessment tools	<i>Check this choice if you do not use any other ongoing assessment tools.</i>
	AAPI	Adult Adolescent Parenting Inventory
	ASSIST	Alcohol, Smoking, and Substance Involvement Screening Test
	AUDIT	Alcohol Use Disorders Identification Test
	CAPI	Child Abuse Potential Inventory
	CBCL	Child Behavior Checklist
	CLS	Casey Life Skills
	CPS Case	<i>Select if you track substantiated child maltreatment</i>

	CPS Report	<i>Select if you track Reported child maltreatment</i>
	CTS-PC	Conflict Tactics Scale - Parent/Child version
	CTS-R	Conflict Tactics Scale – Revised
	DAST	Drug & Alcohol Screening Test
	DLC	Difficult Life Circumstances
	FAF	Family Assessment Form
	HFPI	Healthy Families Parenting Inventory
	HOME	Home Observation for Measurement of Environment
	KIDI	Knowledge of Infant Development Inventory
	KIDIP	Knowledge of Infant Development Inventory – Preschool
	KIPS	Keys to Interactive Parenting Scale
	Kotelchuck Index	Kotelchuck's Adequacy of Prenatal Care Utilization
	LSP	Life Skills Progression
	NCAST Feeding	Nursing Child Assessment Satellite Training - Feeding Scale
	NCAST Teaching	Nursing Child Assessment Satellite Training - Teaching Scale
	NCFAS	North Carolina Family Assessment Scale
	PFS	Protective Factors Scale
	PICCOLO	Parenting Interactions with Children: Checklist of Observations Linked to Outcomes
	PSI	Parenting Stress Index
	PSI short	Parenting Stress Index - short form
	UNCOPE	Substance abuse screening
	ISEL	Interpersonal Support Evaluation List
	ACEs	Adverse Childhood Experiences Questionnaire
	Other Ongoing Assessment Tool	List other ongoing assessment tool(s) your program uses if not listed above.
	Immunizations	
A29	How does your site track Child's Immunizations?	<i>Select the type of information your site tracks:</i> Parent report Immunization cards (health provider completed) Health dept. data System lookup other
A30	Other Child IZ	<i>If you selected "other", indicate how your site tracks immunizations</i>
A31	How does your site record Child's Immunizations	up to date not up to date record type & date other

A32	Other immunization recording specify	<i>If you selected "other", indicate how your site records immunizations</i>
	Service Length	
A33	Until what Age are HV services Offered?	age 3 years between 3 and 5 age 5 years other
A34	Other program length	<i>write in</i>

SECTION 2: Family Data - Year 2016		Instructions & Response Choices
	Family Data	
B1	All information below is for:	calendar year (January 1, 2016 to December 31, 2016) state fiscal year (mid-2015 to mid-2016, dates vary by state) federal fiscal year (October 1, 2015 to September 30, 2016) other fiscal year
	For 2016 (fiscal or calendar)	ALL items in this section refer to families served in 2016
B2	Number of home visits completed in 2016	<i>Count the total number of home visits completed in 2016 for all families served during that year.</i>
B3	How many PEOPLE worked in Assessment role at the end of last year?	<i>Count the number of people who worked in this role at the end of last year. Item added for 2017</i>
B4	What was your total FTEs in Family Assessment Worker role?	<i>Add up the total time commitment across all staff working in this role. For example, two staff each working half-time (0.5 FTE) on assessment would add up to 1.0 FTE total. Item added for 2017</i>
B5	How many PEOPLE worked in Home Visitor role at the end of last year?	<i>Count the number of people who worked in this role at the end of last year. In the example above, there are 2 people working in this role. Item added for 2017</i>
B6	What was your total FTEs in Home Visitor Role?	<i>Add up the total time commitment across all staff working in this role. For example, two full-time home visitors plus one half-time (0.5 FTE) home visitor would add up to 2.5 FTE total. Item added for 2017</i>

SECTION 2: Family Data - Year 2016		Instructions & Response Choices
B7	What is your Site's definition of Full-time hours per week, excluding required lunch hour (select closest option)?	30 32 35 37.5 40 <i>Item added for 2017</i>
B8	Ethnicity/Race: Number of Home Visitors who are:	<i>Enter the number of people who carry a home visiting caseload in each category:</i> Hispanic and Black Non-Hispanic Black Hispanic and White Non-Hispanic White Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander Multi-race Other race Other race specify <i>Item added for 2017</i>
	How many families in 2016:	
B9	Received at least 1 home visit	<i>Enter number of families who received 1 or more home visits in 2016, regardless of when they first started.</i>
B10	MIECHV funded	<i>Enter number of families served with at least 25% MIECHV funds</i>
B11	Received 1st home visit	<i>Enter number of families who received their 1st home visit in 2016.</i>
B12	Received 1 st home visit prenatally	<i>Enter number of families who received their 1st home visit prenatally in 2016.</i>
B13	Received 1 st home visit prenatally before 31 weeks gestation	<i>Enter number of families who received their 1st home visit prior to 31 weeks gestation in 2016</i>
B14	With a father involved in home visiting	<i>Enter number of families with a father who has attended more than 1 home visit in 2016.</i>
B15	Number of target children served in 2016	<i>Enter number of target children (however your site defines "target child" is OK)</i>
B16	Number of additional children served (non-target children)	<i>Enter number of non-target children (such as older or younger siblings) if served in any way</i>
	How many 2016 primary participants were:	<i>ALL items in this section count only the enrolled primary participant</i>
B17	Female	<i>* It is preferred that sites report on only one PRIMARY caregiver/participant per family, even if more than one is participating. This will give us a more accurate picture of families where the PRIMARY participant is male.</i>
B18	Male	
B19	First time parent	<i>Enter number of primary participants who are 1st time parents</i>

SECTION 2: Family Data - Year 2016		Instructions & Response Choices
B20	Grandparent of index child	<i>Enter number of primary participants who are the grandparent of target (index) child</i>
B21	HS graduate/GED or higher at enrollment	<i>Enter number of primary participants who had graduated high school or completed GED before enrolling in HFA</i>
B22	Less than HS Graduate/GED at enrollment	<i>Enter number of primary participants who had not graduated high school or completed GED before enrolling in HFA</i>
B23	Developmentally delayed	<i>Enter number of primary participants who are developmentally delayed. Please consider developmental delay as any parent whose learning needs are permanently challenged and therefore warrant extra time from service providers, special consideration of materials, and resources used. This may be based on diagnosis or observation.</i>
B24	Medicaid Eligible	<i>Enter number of primary participants who are eligible for Medicaid</i>
B25	Military personnel or spouse	<i>Enter number of families with a member who is or has served in the Armed Forces</i>
B26	Have substance abuse history	<i>Enter number of primary participants with history of substance abuse (whether currently using or not; estimate is acceptable)</i>
B27	In need of substance abuse treatment	<i>Enter number of primary participants who were in need of substance abuse treatment in 2016 (estimate is acceptable)</i>
B28	Abused or neglected as a child	<i>Enter number of primary participants who experienced abuse or neglect as a child (whether reported to CPS or not)</i>
B29	Involved in Child Welfare System (as caregiver)	<i>Enter number of primary participants served in 2016 with history or current involvement in Child Welfare</i>
B30	Single Parent	<i>Enter number of primary participants whose marital status is single, divorced, or widowed at time of enrollment.</i>
B31	Over cutoff on depression screen (any assessment in 2016)	<i>Enter the number of primary participants with an elevated depression score. If multiple screens were given in 2016, the preferred definition is to count participants with elevated screen at any point in 2016. If this is not feasible, report number with elevated screen at a single screening point. The intent is to document how many HFA participants experience elevated symptoms of depression in a given year.</i>

	Insurance Status (when last assessed in 2016)	
B32	Of those served in 2016, enter number in each group:	Number of Primary Participants with: _no insurance _Title XIX (Medicaid)/Title XXI (SCHIP) or Tri-Care _Private or other insurance _unknown Number of Target Children with: _no insurance _Title XIX (Medicaid)/Title XXI (SCHIP) or Tri-Care _Private or other insurance _unknown
	Housing Status (when last assessed in 2016)	
B33	Of primary participants in 2016, how many were:	renting or own home living with parent or family member sharing housing homeless unknown housing situation
	Caregiver employment status (when last assessed in 2016)	
B34	Of primary participants in 2016, how many were:	employed full time employed part time not employed (whether seeking work or not) unknown employment situation
	For items below, I am using ___ for my initial assessment tool	
B35	Assessment Tool	Parent Survey/Family Stress Checklist Other
B36	Other assessment tool specify	If you chose "other" in the item above, list other assessment tool
B37	How many primary participants in 2016 were:	
	Low risk on Initial Assessment (Parent Survey < 25)	<i>Enter number of primary participants whose initial risk score was less than 25 on Parent Survey (or lower risk category on alternate measure)</i>
	Moderate risk on Initial Assessment (Parent Survey 25 - 35)	<i>Enter number of primary participants whose initial risk score was between 25 and 35 on Parent Survey (or moderate risk category on alternate measure)</i>
	Higher risk on Initial Assessment (Parent Survey 40+)	<i>Enter number of primary participants whose initial risk score was 40 or more on Parent Survey (or higher risk category on alternate measure)</i>
	Target children: How many in each age group (as of last home visit received in 2016)	

B38	Target children: How many in each age group (as of last home visit received in 2016)	<i>If ages can't be calculated to last HV, please use other available data on child's age during 2016.</i> Prenatal 0-5 months 6-11 months 12-23 months 24-35 months 36 months or older
	Child Issues: Number of children who were:	
B39	Child Issues: Number of children who were:	Born at low birth weight, <i>less than 2500 grams or 5lbs 8oz</i> Born premature, <i>born before 37 weeks completed</i> Developmentally delayed or disabled (known or suspected) Medicaid eligible
	Primary Participant Age at Enrollment:	
B40	Primary Participant Age at Enrollment:	Less than 18 18-19 20-21 22-24 25-34 35-54 55 or more <i>Note: age categories have changed from previous survey</i>
	Ethnicity/Race: Number of Primary Participants who are:	
B41	Ethnicity/Race: Number of Primary Participants who are:	Hispanic and Black Non-Hispanic Black Hispanic and White Non-Hispanic White Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander Multi-race Other race Other race specify
	Primary Participant Language (if not English)	
B42	Primary Participant Language (if not English)	<i>Enter the number of primary participants in each category</i> Primary Language Spanish Primary Language not English nor Spanish

SECTION 3: Financial – Year 2017		Instructions & Response Choices
C1	Fiscal Year Type	Calendar Federal Fiscal State Fiscal Other
C2	Fiscal Year Other Type	<i>write in</i>
C3	Previous Year Program Budget (2016)	<i>Enter total site budget in whole dollars (no decimals) for 2016</i> • <i>ONLY INCLUDE HFA SERVICES, not host agency</i>
C4	Current Year Program Budget (2017)	<i>Same as above for 2017</i>
C5	What proportion of your overall current budget comes from the following:	<i>Enter percent for each type of funding received; the total for all entries should not exceed 100%.</i>
	State System	<i>Only include funding from State System that is not included in other categories below, for example, if you receive MIECHV funds from your state system, including these funds only under the MIECHV category.</i>
	Foundations	
	Corporations	
	Private Donations	
	Earned Income	
	MIECHV - formula funding	
	MIECHV - competitive funding	
	Local Government	
	State Children’s Trust Fund	
	CBCAP	
	Federal TANF	
	TANF Maintenance	
	Title IV-B	
	Title IV-E	
	Title V	
	Title XX	
	CAPTA	
	Medicaid	<i>Note: Medicaid and IDEA were combined in the previous survey data.</i>
	IDEA	<i>Item added for 2017</i>
	CCDBG	
	Early Head Start	
	Federal Other	<i>Include federal funding sources not listed above</i>
	State Other	<i>Include state funding sources not listed above</i>

	SECTION 3: Financial – Year 2017	Instructions & Response Choices
	Other Funding	<i>Include other funding sources not listed above</i>
	Other Funding (specify source)	<i>Specify other funding sources</i>
C6	Have MIECHV Funding? If Yes, complete next 3 items	<i>Select Yes or No Item revised for 2017</i>
C7	Number of Families Funded by MIECHV (2017)	<i>Enter number of families funded at least 25% by MIECHV in 2017</i>
C8	Current Year MIECHV Funding (2017)	<i>Enter amount of funding received from MIECHV in 2017</i>
C9	Previous Year MIECHV Funding (2016)	<i>Enter amount of funding received from MIECHV in 2016</i>

	SECTION 4: Program Policies - Year 2017	Instructions & Response Choices
D1	Does your site utilize TLC for training?	Yes No
D2	What is your program's maximum FSW caseload for level 1 families:	What is your site's policy on the <u>maximum</u> number of families that one full-time home visitor (40 hours per week) can serve, if all families are <u>Level 1</u> ?
D3	What is your program's maximum FSW caseload for all levels	What is your site's policy on the <u>maximum</u> number of families that one full-time home visitor (40 hours per week) can serve, across <u>all levels</u> ?
D4	What is your program's recommended FSW caseload for level 1 families:	What is your site's <u>recommended</u> number of families per full-time home visitor if all families are <u>Level 1</u> ?
D5	What is your program's recommended FSW caseload for all levels:	What is your site's <u>recommended</u> number of families per full-time home visitor across <u>all levels</u> ?
	What is your:	
D6	Primary Curriculum (Select one)	Growing Great Kids Parents as Teachers HF San Angelo MELD MOM Project Nurturing Program Partners for Healthy Baby PIPE 24/7 Dad None Other (specify below)
D7	Other Primary Curriculum	Enter ONLY if you chose "Other" in above question

SECTION 4: Program Policies - Year 2017		Instructions & Response Choices
D8	Secondary Curricula <i>(check all that apply)</i> :	Growing Great Kids Parents as Teachers HF San Angelo MELD MOM Project Nurturing Program Partners for Healthy Baby PIPE 24/7 Dad None Other (specify below)
D9	Other Curriculum 1	Specify other curriculum you use that is not on the list above
	Other Curriculum 2	Specify other curriculum you use that is not on the list above
	Other Curriculum 3	Specify other curriculum you use that is not on the list above
D10	Additional services your site offers to enrolled families <i>(Check all that apply)</i>	Family Social Parent group Fathers group Father engagement specialist Nurse consultation Doula Staff Clinician Depression Treatment Service Moving Beyond Depression Mothers and Babies Course Other service offered (specify below)
D11	Other service offered	Specify other services your site offers that are not on the list above
D12	Enhancements Your Site Utilizes <i>(check all that apply)</i>	Centralized Intake Text Message Reminders Tablets or other device <i>such as smartphones, iPad, or other electronic devices</i> Engagement Strategies Staff Retention Strategies Other Enhancement

***Your information is extremely valuable to HFA!
Thank you for your time!***